

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: \_\_\_\_\_ 2 Serial/Patent # **10/519837**

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

<input checked="" type="checkbox"/> Filing	1	1-11-05	\$ 300
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT  
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 

1	5	--	0	0	3	0
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10 REASON:

☒ Overpayment  
☐ Duplicate Payment  
☐ No Fee Due (Explanation): \_\_\_\_\_

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A. Johnson

TITLE: paralegal

SIGNATURE: A. Johnson

PHONE: 308-9140

OFFICE: PCT

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:  
\*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: